

APPENDIX B

WASTE STREAM MANIFESTS

ONYX ENVIRONMENTAL SERVICES, L.L.C.



WASTESTREAM INFORMATION PROFILE

☐ Recertification

Disposal Code

ONYX LOCATION

☐ Invoice Address

ADDRESS

CITY

ST

☐ Manifest from – blank if direct

ONYX TSDF requested PAT Technology requested INCIN Generator No. _____

Generator EPA ID No. AL4210020562

1. Generator Name U.S. Army Garrison Transition Force

Generator State No. _____

Address 291 Jimmy Parks Blvd.

State Wastestream No. _____

City Fort McClellan

State AL

Country USA

ZIP 36205

NAICS (SIC) Code _____

Source _____

Origin _____

Form _____

System Type _____

2. Waste Name SCANS Neutralent

Lab or Waste Area _____

3. Process Generating Waste Chemical Neutralization of Mustard or Lewisite Vial (See Attachment 1).

4. Shipping Name WASTE FLAMMABLE LIQUIDS, TOXIC, NOS (CHLOROFORM, BUTANOL).

Hazard Class 3 UN/NA No. 1992 PG _____ RQ amt _____ lb

RQ Desc: 1.

2.

DOT Desc: 1.

2.

5. Waste Codes D001 D004 D007 D022

Wastewater ☐

Non Wastewater ☒

Sub Category High TOC

6. Physical and chemical properties

(check all that apply)

pH

- a ☐ < 2
b ☐ 2 - 5
c ☐ 5 - 9
d ☐ 9 - 12.5
e ☐ > 12.5
NA exact

Specific Gravity

- a ☐ < .8
b ☐ .8 - 1.0
c ☐ 1.0
d ☐ 1.0 - 1.2
e ☐ > 1.2
NA exact

Flash Point (F)

- a ☐ < 80
b ☐ 80 - 100
c ☐ 101 - 140
d ☐ 141 - 200
e ☐ > 200
f ☐ no flash <140 exact

Solids

- _____ % suspended
_____ % settleable
_____ % dissolved

- 10 % ash
NA water solubility
NA BTU/lb

Free Liquid Range _____ to _____ %

Physical State

- s ☒ solid
m ☐ semi-solid
l ☒ liquid
p ☐ pumpable semi-solid
f ☐ flowable powder
g ☐ gas
a ☐ aerosol
r ☐ pressurized liquid
d ☐ debris per 40 CFR 268.45
h ☐ sharps

Hazardous Characteristics

- a ☐ air reactive
w ☐ water reactive
c ☐ cyanide reactive
f ☐ sulfide reactive
e ☐ explosive
o ☐ oxidizing acid
p ☐ peroxide former
r ☐ radioactive or NRC regulated
s ☐ shock sensitive
t ☐ temp sensitive
m ☐ polymerization/monomer
n ☐ OSHA carcinogen
I ☐ infectious
h ☐ inhalation hazard Zone: _____

Odor

- a none ☒
b mild ☒
c strong ☐
describe _____

Halogens

- Br 0 % Bromine
Cl 5 % Chlorine
F 0 % Fluorine
I 0 % Iodine

Layers:

a ☒ multilayered:

b ☐ bi-layered:

c ☐ single phase:

Viscosity
by
Layer:

Top Layer

- N/A
☐ high (syrup)
☐ medium (oil)
☐ low (water)
☐ solid

Second Layer

- N/A
☐ high (syrup)
☐ medium (oil)
☐ low (water)
☐ solid

Bottom Layer

- N/A
☐ high (syrup)
☐ medium (oil)
☐ low (water)
☐ solid

Color

White/SCANS Unit

Used oil y/n N HOC <1000 ppm ☐ or > 1000 ppm ☐

7. Chemical Composition [M = Marine Pollutant, S = Severe Marine Pollutant, O = Ozone Depleting Substance, U = Underlying Hazardous Constituent,
B = Benzene NESHA, T = TRI Chemical, C = OSHA Carcinogen]

Constituents	Range	Units	Constituents	Range	Units
U Chloroform	55-95	%	Tris(2-chloroethyl)Amine Hydrochloride	<3	%
T T-Butanol	0-32	%	1,3-Dichloro-5,5-Dimethylhydantoin	5-10	%
Water	2-5	%	PPE/Expendables	1-10	%
Activated Carbon	1-5	%	U Arsenic may exceed RCRA limits.		
Bis 2-Chloroethyl Sulfide	<4	%	U Chromium may exceed RCRA limits.		
Dichloro(2-Chlorovinyl) Arsine	<1	%			
2,2 Dichlorotriethylamine	<3	%			

Total Composition Must Equal or Exceed 100%

Other:

8. Is the wastestream being imported into the USA? Yes ☐ No ☒
9. Does the wastestream contain PCBs regulated by 40CFR? Yes ☐ No ☒
PCB concentration _____ ppm
10. Is the wastestream subject to the Marine Pollutant Regulations? Yes ☐ No ☒
11. Is the wastestream subject to Benzene NESHA?
If yes, is the wastestream subject to Notification and Control Requirements? Yes ☐ No ☒
Benzene concentration _____ ppm
12. Is the wastestream subject to RCRA subpart CC controls? Yes ☐ No ☒
Volatile organic concentration, if known _____ ppmw
CC approved analytical method ☐ Generator Knowledge ☐
13. Is the wastestream from a CERCLA or state mandated cleanup? Yes ☐ No ☒

14. Container Information (Identify UN container marking if known)

Packaging: Bulk Solid ☐ Type/Size: _____ Bulk Liquid ☐ Type/Size: _____ Drum ☒ Type/Size: 20 gallons Poly Labpack Drum

Other _____

Shipping Frequency: Units _____ Per Month ☐ Quarter ☐ Year ☐ One Time ☒ Other _____

15. Additional Information: _____

There will be one 20 gallon drum of SCANS unit with neutralization products contained inside, one 20 gallon drum of PPE and expendables and an unused blue process reagent bottle, and one 20 gallon drum of decontamination material consisting of bleach, water, chloroform and neutralized chemical agent.

Is analytical or an MSDS available that describes the waste? Yes ☒ No ☐ If yes, please attach. See Attachment 2

GENERATOR CERTIFICATION

I hereby certify that all information submitted in this and all attached documents contains true and accurate descriptions of this waste. Any sample submitted is representative as defined in 40 CFR 261 - Appendix I or by using an equivalent method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I authorize sampling of any waste shipment for purposes of recertification.

Karen B. Pinson

NAME (PRINT OR TYPE)

256-848-6831

PHONE

9 December 2003

DATE

Karen B. Pinson

SIGNATURE

Environmental Specialist

TITLE

FACILITY NOTIFICATION

If approved for management, ONYX has all the necessary permits and licenses for the waste that has been characterized and identified by this profile.

TSDF PROCESSING USE ONLY: PPE REQUIRED No _____ Yes _____ Describe _____

CONSERVATION COMMISSION

P.O. Box 13087

Austin, Texas 78711-3087

571878



LT# 170082

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form approved. OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		U.S. Army Garrison Transition Force		291 Jimmy Parks Blvd.		Fort McClellam, AL 36205		A. State Manifest Document Number 02780468	
4. Generator's Phone (256) 848-6831		Karen Pinson		6. US EPA ID Number		A L 0 0 6 7 1 3 8 8 9 1		B. State Generator's ID 00001	
5. Transporter 1 Company Name		Robbie D. Wood, Inc.		7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 00001	
9. Designated Facility Name and Site Address		ONYX-Port Arthur Incineration Facility		Highway 73, 3.5 miles West of Taylor Bayou		Port Arthur, TX 77643		D. State Facility's ID 00001	
11A. HM		11. US DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group)		12. Containers No.		13. Total Quantity		14. Unit: Wt/Vol	
X	Waste Flammable Liquids, Toxic, nos (chloroform, butanol), Class 3, UN1992, PGII, 201 ERG131 1322	2		D F		86.6		P	
	b.								
	c.								
	d. DEC18 13:22								
Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information		In case of Emergency contact Chem-Tel at phone # 1-800-255-3924		Shaw E&I Emergency contact Jorge A. Sanchez at 770-365-4915					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labelled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, including applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Signed on behalf of US Army Garrison TX		Darryl A. Stobite, U.S. Army Corps of ENGR		Signature		Month Day Year 12 19 03	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Date		Month Day Year 12 19 03	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Date		Month Day Year 12 19 03	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name		Signature		Date		Month Day Year 12 19 03	

WASTE CHARACTERIZATION PROFILE



P.O. Box 1386 Joplin,
MO 64802

Name of Waste: **3X Decontaminated Metal**

Waste Profile #: **1302-4501**

1. Generator

a. Name: **US Army Garrison Transition Force** Customer Contact: **Greg Norden**
 b. Address: **291 Jimmy Parks Boulevard** City: **Fort McClellan**
 c. EPA ID Number: **Not required** Missouri Generator Number: **Not Required** State: **AL** Zip: **57226-5407**
 d. Customer Phone: **419-425-6087** Customer Fax: **419-429-6086**
 e. Emergency Contact: **Greg Norden** Emergency Phone: **800-537-9540**

2. Pickup Location

a. Name: **Military Base / Fort McClellan** Technical Contact: **Greg Norden**
 b. Street Address: **291 Jimmy Parks Boulevard** City: **Fort McClellan**
 c. Phone: **419-425-6087** FAX: **419-429-6086** State: **AL** ZIP: **57226-5407**

3. Manifest/Shipping Information

a. EPA Waste Code Nos: **N/A** DOT Hazard Class: **N/A** DoD Classification: **N/A**
 b. Proper DOT Shipping Name: **Non Regulated** UNNA ID#: **N/A**
 c. Describe how this waste is presently packaged: External Packagings: **Cubic yard boxes on pallets**
 Intermediate Packagings: **None** Inner Packagings: **6 mil Plastic Liner**
 d. Is the waste now packaged in DOT approved containers? Yes ☒ No ☐ If Yes, what style? **N/A**
 e. Method of Shipping: Drums ☐ Bulk ☐ Boxes ☒ Other(specify)
 Transport requirements: **In accordance with 49 CFR**
 f. Customer to transport? Yes ☐ No ☒ Truck scale at customer site? Yes ☐ No ☒

4. General Waste Description (Attach MSDS if Available):

a. Name of Waste: **3X Decontaminated Metal**
 b. Product Description: **3X decontaminated metal ammunition components recovered from burial site**
 c. Manufacture Date/Age: **Unknown** Reason for Disposal: **Treat to 5X standard prior to recycle**
 d. Known Hazards or Incompatibilities: **None**
 e. Check where applicable: Pyrotechnic: ☐ Explosive: ☐ Propellant: ☐ Bulk: ☒ Packaged: ☐
 f. Quantity Generated: **150 tons (est)** per **one time**

5. Sampling/Analysis (Attach MSDS if Available)

a. Date Sampled: **N/A** Sample Number:
 b. Was sample taken during process operation? Yes ☐ No ☐ If no, explain:
 c. Sampling Method:
 d. Name of Lab: EPA Approved Lab? Yes ☐ No ☐ N/A ☐

6. Properties of Waste (Write "N/A" for all that do not apply):

a. Physical State at 20C (68F): Solid: ☒ Sludge: ☐ Liquid: ☐
 b. Specific Gravity: **N/A**
 c. Viscosity: **N/A** cp Test Method: **N/A**
 d. Water Content: **0** % Test Method: **Generator Knowledge**
 e. Total Organic Carbon: **See 6.n.** ppm Test Method: **Generator Knowledge**
 f. Heating Value: **nil** BTU/lb Test Method: **Generator Knowledge**
 g. Ash Content: **100** % Test Method: **Generator Knowledge**
 h. Free Liquids: Yes ☐ No ☒ Test Method: **Generator Knowledge**
 i. Corrosive: Yes ☐ No ☒ Test Method: **Generator Knowledge**
 j. Ignitable: Yes ☐ No ☒ Test Method: **Generator Knowledge**
 k. Reactive: Yes ☐ No ☒ Test Method: **Generator Knowledge**

Flash Point: **N/A**

Description of Results: **N/A**

7. Reactive Characteristics (check all that apply):

Explosives: Yes ☐ No ☒ Reactive Cyanide: Yes ☐ No ☒ Pyrophoric: Yes ☐ No ☒
 Water Reactive: Yes ☐ No ☒ Reactive Sulfide: Yes ☐ No ☒ Air Reactive: Yes ☐ No ☒
 Oxidizers(specify): Yes ☐ No ☒ Other Reactive(specify): Yes ☐ No ☒
 Sensitive to: Impact ☐ No ☒ Friction ☐ No ☒ ESD ☐ No ☒ Heat ☐ No ☒

Generator Signature: *Dana M. Yeg* - USAF - HANE Date: 5 Dec 03 Page 1

WASTE CHARACTERIZATION PROFILE



P.O. Box 1386 Joplin,
MO 64802

Name of Waste: Contaminated Diesel Oil (Non Hazardous)

Waste Profile #: 1302-7901

1. Generator

a. Name: US Army Garrison Transition Force Customer Contact: Jorge Sanchez
b. Address: 291 Jimmy Parks Boulevard City: Fort McClellan
c. EPA ID Number: AL4210020562 Missouri Generator Number: State: AL Zip: 57226-5407
d. Customer Phone: 256-847-3499 Customer Fax: 256-848-3551
e. Emergency Contact: Jorge Sanchez Emergency Phone: 800-537-9540

2. Pickup Location

a. Name: Military Base Technical Contact: Jorge Sanchez
b. Street Address: 291 Jimmy Parks Boulevard City: Fort McClellan
c. Phone: 256-848-3499 FAX: 256-848-3551 State: AL ZIP: 57226-5407

3. Manifest/Shipping Information

a. EPA Waste Code Nos: None DOT Hazard Class: N/A DoD Classification: N/A
b. Proper DOT Shipping Name: N/A UNNA ID#: N/A
c. Describe how this waste is presently packaged: External Packagings: Pail
Intermediate Packagings: Vermiculite cushioning Inner Packagings: 1gallon Plastic Container
d. Is the waste now packaged in DOT approved containers? Yes ☒ No ☐ If Yes, what style? N/A
e. Method of Shipping: Drums ☐ Bulk ☐ Boxes ☒ Other(specify) ☐
Transport requirements: In accordance with 49 CFR
f. Customer to transport? Yes ☐ No ☒ Truck scale at customer site? Yes ☐ No ☒

4. General Waste Description (Attach MSDS if Available):

a. Name of Waste: Contaminated Diesel Oil (Non Hazardous)
b. Product Description: Diesel fuel contaminated with water
c. Manufacture Date/Age: Unknown Reason for Disposal: Contaminated
d. Known Hazards or Incompatibilities: None
e. Check where applicable: Pyrotechnic: ☐ Explosive: ☐ Propellant: ☐ Bulk: ☐ Packaged: ☒
f. Quantity Generated: 1 gal per one time

5. Sampling/Analysis (Attach MSDS if Available)

a. Date Sampled: 8/10/2004 Sample Number: TX221
b. Was sample taken during process operation? Yes ☐ No ☐ If no, explain: ☐
c. Sampling Method: GC/MS Scan
d. Name of Lab: QuickSilver mobile unit EPA Approved Lab? Yes ☐ No ☐ N/A ☒

6. Properties of Waste (Write "N/A" for all that do not apply):

a. Physical State at 20C (68F): Solid: ☐ Sludge: ☐ Liquid: ☒
b. Specific Gravity: ~0.85
c. Viscosity: N/A cp Test Method: Generator Knowledge
d. Water Content: ~10 % Test Method: Generator Knowledge
e. Total Organic Carbon: See 6.n. ppm Test Method: Generator Knowledge
f. Heating Value: ~18000 BTU/lb Test Method: Generator Knowledge
g. Ash Content: Nil % Test Method: Generator Knowledge
h. Free Liquids: Yes ☐ No ☒ Test Method: Generator Knowledge
i. Corrosive: Yes ☐ No ☒ Test Method: Generator Knowledge
j. Ignitable: Yes ☒ No ☐ Test Method: Generator Knowledge
k. Reactive: Yes ☐ No ☒ Test Method: Generator Knowledge
Flash Point: N/A
Description of Results: N/A
l. Reactive Characteristics (check all that apply):
Explosives: Yes ☐ No ☒ Reactive Cyanide: Yes ☐ No ☒ Pyrophoric: Yes ☐ No ☒
Water Reactive: Yes ☐ No ☒ Reactive Sulfide: Yes ☐ No ☒ Air Reactive: Yes ☐ No ☒
Oxidizers(specify): Yes ☐ No ☒ Other Reactive(specify): Yes ☐ No ☒
Sensitive to: Impact ☐ No Friction ☐ No ESD ☐ No Heat ☐ No

Generator Signature

[Signature] Date 29 Sept. 04 Page 1

Waste Profile #:

1302-7901

m. Total Halogen content: Nil % Test Methods: Calculation

n. Composition of Waste by weight percent (should total 100% or more) CHECK APPLICABLE COLUMN*

Constituent	% Constitue	RQ lbs	PEP	Metal	Other	Non-PEP Organic
Water	10.0000%				X	
Inert Materials	5.0000%				X	
Deisel Oil	100.0000%				X	

p. Trace Metal Components (if not included in 6.n. above) in ppm by weight:

Antimony:	----
Arsenic:	----
Barium:	----
Beryllium:	----
Cadmium:	----
Chromium:	----
Lead:	----
Mercury:	----
Nickel:	----
Osmium:	----
Selenium:	----
Silver:	----
Thallium:	----

Total: 115.0000%

*PEP: Those chemical compounds making up the Pyrotechnic, Explosives and Propellants.

Metal: Those metals in the waste item characterized by metal components.

Other: Other items making up the waste such as fiberglass cases, plastic parts, etc.

Non-PEP: Organic components listed in 40 CFR 261 Appendix VIII that are not PEP.

o. Net Explosive Weight: 0 lbs.

Total Weight: 1 lbs. 30 lbs. N/A lbs

q. Manufactured Items - Provide labeled diagram and/or component list for waste item:

Model #: N/A DODIC: N/A NSN: N/A Item Dimensions: N/A

7. Other Regulatory Information (check all that apply):

a. Recommended Treatment Method: Incineration ☒ Recycling ☐ Other ☐ Specify Other:

b. 1st, 2nd, or 3rd Regulated Waste? Yes ☐ No ☒

c. CA List Regulated Waste? Yes ☐ No ☒

d. OSHA Carcinogens (list if Yes)? Yes ☐ No ☒

e. Poison Inhalation Materials (list if Yes)? Yes ☐ No ☒

f. PCB Containing Material? Yes ☐ No ☒

g. Dioxin/Furan Containing Material? Yes ☐ No ☒

h. Radioactive Material? Yes ☐ No ☒

i. Asbestos containing Material? Yes ☐ No ☒

8. Additional Info:

9. I hereby certify and warrant that the information supplied on this form and on any attachments or supplements represents a true, and accurate identification and description by the Generator of this Waste Material, its constituents and its known or suspected hazards.

Generator Name

F.T. McClellan GPO COE-MOBILE

Name

DAMON A. YOUNG

Signature

Damon A. Young

Date

29 Sept. 04

**WASTE
CHARACTERIZATION
PROFILE**

**P.O. Box 1386 Joplin,
MO 64802**
Name of Waste: Contaminated Solvents **Waste Profile #:** 1302-7902

1. Generator

a. Name: US Army Garrison Transition Force Customer Contact: Jorge Sanchez
 b. Address: 291 Jimmy Parks Boulevard City: Fort McClellan
 c. EPA ID Number: AL4210020562 Missouri Generator Number: State: AL Zip: 57226-5407
 d. Customer Phone: 256-848-3499 Customer Fax: 256-848-3551
 e. Emergency Contact: Jorge Sanchez Emergency Phone: 800-537-9540

2. Pickup Location

a. Name: Military Base Technical Contact: Jorge Sanchez
 b. Street Address: 291 Jimmy Parks Boulevard City: Fort McClellan
 c. Phone: 256-848-3499 FAX: 256-848-3551 State: AL ZIP: 57226-5407

3. Manifest/Shipping Information

a. EPA Waste Code Nos: F002 DOT Hazard Class: 6.1 DoD Classification: N/A
 b. Proper DOT Shipping Name: Tetrachlorethane UNNA ID#: 1702
 c. Describe how this waste is presently packaged: External Packagings: Pall
 Intermediate Packagings: Vermiculite cushioning Inner Packagings: 1 liter bottle
 d. Is the waste now packaged in DOT approved containers? Yes ☒ No ☐ If Yes, what style? N/A
 e. Method of Shipping: Drums ☐ Bulk ☐ Boxes ☒ Other(specify) ☐
 Transport requirements: In accordance with 49 CFR.
 f. Customer to transport? Yes ☐ No ☒ Truck scale at customer site? Yes ☐ No ☒

4. General Waste Description (Attach MSDS if Available):

a. Name of Waste: Contaminated Solvents
 b. Product Description: Solvents with trace levels of tear producing chemicals
 c. Manufacture Date/Age: Unknown Reason for Disposal: Recovered during site remediation
 d. Known Hazards or Incompatibilities: None
 e. Check where applicable: Pyrotechnic: ☐ Explosive: ☐ Propellant: ☐ Bulk: ☐ Packaged: ☒
 f. Quantity Generated: ~ 13 liters per one time

5. Sampling/Analysis (Attach MSDS if Available)

a. Date Sampled: 9/22&24/04 Sample Number: #1 to #13
 b. Was sample taken during process operation? Yes ☐ No ☐ If no, explain: ☐
 c. Sampling Method: GC/MS Scan
 d. Name of Lab: QuickSilver mobile unit EPA Approved Lab? Yes ☐ No ☐ N/A ☒

6. Properties of Waste (Write "N/A" for all that do not apply):

a. Physical State at 20C (68F): Solid: ☒ Sludge: ☐ Liquid: ☒
 b. Specific Gravity: 1.6
 c. Viscosity: Unk cp Test Method: N/A
 d. Water Content: 0 % Test Method: Generator Knowledge
 e. Total Organic Carbon: See 6.n. ppm Test Method: Generator Knowledge
 f. Heating Value: ~10000 BTU/lb Test Method: Generator Knowledge
 g. Ash Content: nil % Test Method: Generator Knowledge
 h. Free Liquids: Yes ☐ No ☒ Test Method: Generator Knowledge
 i. Corrosive: Yes ☐ No ☒ Test Method: Generator Knowledge
 j. Ignitable: Yes ☐ No ☒ Test Method: Generator Knowledge
 k. Reactive: Yes ☐ No ☒ Test Method: Generator Knowledge
 Flash Point: N/A

Description of Results: N/A

l. Reactive Characteristics (check all that apply):

Explosives: Yes ☐ No ☒ Reactive Cyanide: Yes ☐ No ☒ Pyrophoric: Yes ☐ No ☒
 Water Reactive: Yes ☐ No ☒ Reactive Sulfide: Yes ☐ No ☒ Air Reactive: Yes ☐ No ☒
 Oxidizers(specify): Yes ☐ No ☒ Other Reactive(specify): Yes ☐ No ☒
 Sensitive to: Impact ☐ No Friction ☐ No ESD ☐ No Heat ☐ No

 Generator Signature: 20amp A. Hattab, CIVIL ENGINEER Date: 09/29/04 Page 1

US ARMY CORPS OF ENGINEERS
 SIGNING ON BEHALF OF US ARMY GARRISON
 TRANSITION FORCE, FT. MCLELLAN, AL

Waste Profile #:

1302-7902

m. Total Halogen content: ~85 % Test Methods: Generator Knowledge

n. Composition of Waste by weight percent (should total 100% or more) CHECK APPLICABLE COLUMN*

Constituent	% Constituent	RQ lbs	PEP	Metal	Other	Non-PEP Organic
Solvents	100.0000%				X	
Chemicals (see sect 8.)	0.5000%				X	

p. Trace Metal Components (if not included in 6.n. above) in ppm by weight:

Antimony:	---
Arsenic:	---
Barium:	---
Beryllium:	---
Cadmium:	---
Chromium:	---
Lead:	---
Mercury:	---
Nickel:	---
Osmium:	---
Selenium:	---
Silver:	---
Thallium:	---

Total: 100.5000%

*PEP: Those chemical compounds making up the Pyrotechnic, Explosives and Propellants.

Metal: Those metals in the waste item characterized by metal components.

Other: Other items making up the waste such as fiberglass cases, plastic parts, etc.

Non-PEP: Organic components listed in 40 CFR 261 Appendix VIII that are not PEP.

	Item	Container	Inner Package
o. Net Explosive Weight:	0 lbs.		
Total Weight:	2 lbs.	10 lbs	2 lbs

q. Manufactured Items - Provide labeled diagram and/or component list for waste item:

Model #: N/A DODIC: N/A NSN: N/A Item Dimensions: N/A

7. Other Regulatory Information (check all that apply):

a. Recommended Treatment Method:	Incineration	<input checked="" type="checkbox"/>	Recycling	<input type="checkbox"/>	Other	<input type="checkbox"/>	Specify Other:	
b. 1st, 2nd, or 3rd Regulated Waste?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
c. CA List Regulated Waste?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
d. OSHA Carcinogens (list if Yes)?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
e. Poison Inhalation Materials (list if Yes)?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
f. PCB Containing Material?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
g. Dioxin/Furan Containing Material?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
h. Radioactive Material?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
i. Asbestos containing Material?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				

8. Additional Info:

Material is in liter bottles overpackaged in pails and cushioned with vermiculite. Solvents are: Gasoline, Diesel oil, Tetrachloroethane, pentanone, dimethyl silane & toluene

Chemicals are Chlorobenzene, Pentachloroethane, hexachloroethane, Acetophenone, Benzaldehyde, Benzophenone, Benzene derivatives, Benzoyl fluoride, Biphenyl, & Phenol <0.5%

9. I hereby certify and warrant that the information supplied on this form and on any attachments or supplements represents a true, and accurate identification and description by the Generator of this Waste Material, its constituents and its known or suspected hazards.

Generator Name: US ARMY GARRISON TF Name: DARRYL A. STABILE

Signature: Darryl A. Stabile CIVIL ENG. Date: 09/29/04

Page 2

US ARMY CORPS OF ENGINEERS
SIGNING ON BEHALF OF US ARMY GARRISON
TRANSITION FORCE, FT. MCLELLAN, AL

**WASTE
CHARACTERIZATION
PROFILE**

**P.O. Box 1386 Joplin,
MO 64802**
Name of Waste: Tear Producing Chemicals
Waste Profile #: 1302-7903
1. Generator

a. Name: US Army Garrison Transition Force Customer Contact: Jorge Sanchez
 b. Address: 291 Jimmy Parks Boulevard City: Fort McClellan
 c. EPA ID Number: AL4210020562 Missouri Generator Number: State: AL Zip: 57226-5407
 d. Customer Phone: 256-848-3499 Customer Fax: 256-848-3551
 e. Emergency Contact: Jorge Sanchez Emergency Phone: 800-537-9540

2. Pickup Location

a. Name: Military Base Technical Contact: Jorge Sanchez
 b. Street Address: 291 Jimmy Parks Boulevard City: Fort McClellan
 c. Phone: 256-848-3499 FAX: 256-848-3551 State: AL ZIP: 57226-5407

3. Manifest/Shipping Information

a. EPA Waste Code Nos: None DOT Hazard Class: 6.1 DoD Classification: N/A
 b. Proper DOT Shipping Name: See section 8 UNNA ID#: see sect.8
 c. Describe how this waste is presently packaged: External Packagings: Pail
 Intermediate Packagings: Vermiculite Inner Packagings: 1x 100ml bottle, & 1x 7" Ampoule
 d. Is the waste now packaged in DOT approved containers? Yes ☒ No ☐ If Yes, what style? N/A
 e. Method of Shipping: Drums ☐ Bulk ☐ Boxes ☒ Other(specify)
 Transport requirements: In accordance with 49 CFR
 f. Customer to transport? Yes ☐ No ☒ Truck scale at customer site? Yes ☐ No ☒

4. General Waste Description (Attach MSDS if Available):

a. Name of Waste: Tear Producing Chemicals
 b. Product Description: Chemicals used for riot control applications
 c. Manufacture Date/Age: Unknown Reason for Disposal: Surplus to need
 d. Known Hazards or Incompatibilities: None
 e. Check where applicable: Pyrotechnic: ☐ Explosive: ☐ Propellant: ☐ Bulk: ☐ Packaged: ☒
 f. Quantity Generated: -2 liters per one time

5. Sampling/Analysis (Attach MSDS if Available)

a. Date Sampled: 9/4/2004 Sample Number: #1 & #2
 b. Was sample taken during process operation? Yes ☐ No ☐ If no, explain:
 c. Sampling Method: RAMANS
 d. Name of Lab: Technical Escort Unit (TEU) EPA Approved Lab? Yes ☐ No ☐ N/A ☒

6. Properties of Waste (Write "N/A" for all that do not apply):

a. Physical State at 20C (68F): Solid: ☒ Sludge: ☐ Liquid: ☒
 b. Specific Gravity: 1.3
 c. Viscosity: N/A cp Test Method: N/A
 d. Water Content: 0 % Test Method: Generator Knowledge
 e. Total Organic Carbon: See 6.n. ppm Test Method: Generator Knowledge
 f. Heating Value: 2100 BTU/lb Test Method: Generator Knowledge
 g. Ash Content: nil % Test Method: Generator Knowledge
 h. Free Liquids: Yes ☐ No ☒ Test Method: Generator Knowledge
 i. Corrosive: Yes ☐ No ☒ Test Method: Generator Knowledge
 j. Ignitable: Yes ☐ No ☒ Test Method: Generator Knowledge
 k. Reactive: Yes ☐ No ☒ Test Method: Generator Knowledge
 Flash Point: N/A
 Description of Results: N/A
 l. Reactive Characteristics (check all that apply):
 Explosives: Yes ☐ No ☒ Reactive Cyanide: Yes ☐ No ☒ Pyrophoric: Yes ☐ No ☒
 Water Reactive: Yes ☐ No ☒ Reactive Sulfide: Yes ☐ No ☒ Air Reactive: Yes ☐ No ☒
 Oxidizers(specify): Yes ☐ No ☒ Other Reactive(specify): Yes ☐ No ☒
 Sensitive to: Impact ☐ No ☒ Friction ☐ No ☒ ESD ☐ No ☒ Heat ☐ No ☒

 Generator Signature Darryl A. Hatt, CIVIL ENGR. Date 09/29/04 Page 1

*US ARMY COMPS OF ENGINEERS
SIGNING ON BEHALF OF
US ARMY GARRISON TRANSITION FORCE,
FT. MCLELLAN, AL*

Waste Profile #:

1302-7903

m. Total Halogen content: Nil % Test Methods: Calculation

n. Composition of Waste by weight percent (should total 100% or more) CHECK APPLICABLE COLUMN*

Constituent	% Constituent	RQ lbs	PEP	Metal	Other	Non-PEP Organic
2-Chloroacetophenone	100.0000%				X	
Chloropicrin	100.0000%				X	

p. Trace Metal Components (If not included in 6.n. above) in ppm by weight:

Antimony:	
Arsenic:	
Barium:	
Beryllium:	
Cadmium:	
Chromium:	
Lead:	
Mercury:	
Nickel:	
Osmium:	
Selenium:	
Silver:	
Thallium:	

Total: 200.0000%

*PEP: Those chemical compounds making up the Pyrotechnic, Explosives and Propellants.

Metal: Those metals in the waste item characterized by metal components.

Other: Other items making up the waste such as fiberglass cases, plastic parts, etc.

Non-PEP: Organic components listed in 40 CFR 261 Appendix VIII that are not PEP.

o. Net Explosive Weight: 0 lbs.
 Total Weight: 2 lbs. 20 lbs 2 lbs

q. Manufactured Items - Provide labeled diagram and/or component list for waste item:

Model #: N/A DODIC: N/A NSN: N/A Item Dimensions: N/A

7. Other Regulatory Information (check all that apply):

a. Recommended Treatment Method: Incineration ☒ Recycling ☐ Other ☐ Specify Other:

b. 1st, 2nd, or 3rd Regulated Waste? Yes ☐ No ☒

c. CA List Regulated Waste? Yes ☐ No ☒

d. OSHA Carcinogens (list if Yes)? Yes ☐ No ☒

e. Poison Inhalation Materials (list if Yes)? Yes ☐ No ☒

f. PCB Containing Material? Yes ☐ No ☒

g. Dioxin/Furan Containing Material? Yes ☐ No ☒

h. Radioactive Material? Yes ☐ No ☒

i. Asbestos containing Material? Yes ☐ No ☒

8. Additional Info:

Material is in pails and cushioned with vermiculite. The two chemicals are in separate inner containers.

Chloroacetophenone ships as UN1693, Chloropicrin ships as UN1580

9. I hereby certify and warrant that the information supplied on this form and on any attachments or supplements represents a true, and accurate identification and description by the Generator of this Waste Material, its constituents and its known or suspected hazards.

Generator Name US ARMY GARRISON TF Name DARRYL A. STABILE

Signature Darryl A. Stabile, CIVIL ENGINEER Date 09/29/04

Page 2

US ARMY CORPS OF ENGINEERS
 SIGNING ON BEHALF OF US ARMY GARRISON
 TRANSITION FORCE, FT. MCLELLAN, AL

Please print in ink or type with ELITE type (12 characters per inch) in the unshaded areas only)

Form Approved, OMB No. 2050-0028 Expires 12-31-02
GAS No. 0240-EPA-OT

All new registrations require a \$100 initial fee. Registrations without this fee will not be processed. The fee is not required if only updating information to an existing and active registration.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 175, 1738 E. ELM
JEFFERSON CITY, MISSOURI 65101
(573) 751-3176

NOTE: \$100.00 fee for new registration and reactivating registrations.

FORM MUST BE
COMPLETE IN ITS
ENTIRETY, OR IT WILL
BE RETURNED.

NOTIFICATION OF REGULATED WASTE ACTIVITY

I. Type of Notification

☒ A. New Notification☒ Permanent☐ Temporary (Available for MO facilities only)

Effective Date of Temporary ID

☐ B. Subsequent Notification

EPA #

MO #

II. Name of Installation (Company or Specific Site Name)

US ARMY TRANSITION FORCE

III. Location of Installation (Physical Address or directional description not P.O. Box or Route Number)

Street

291 JIMMY PARKS BLVD.

City or Town

FORT MCCLLELLAN

State

ZIP Code

AL 36205-5000

County Code

County Name

CALHOUN

IV. Installation Mailing Address (All correspondence will be sent to this address)

Street or P.O. Box

291 JIMMY PARKS BLVD.

City or Town

FORT MCCLLELLAN

State

ZIP Code

AL 36205-5000

V. Installation Contact (Person to be contacted regarding waste activities at the site)

Name (last)

LEVY

(first)

RONALD

Job Title

ENVIRONMENTAL COR.

Phone Number (area code and number)

256-848-6853

Extension

VI. Ownership (Make copies of this section for multiple ownership)

A. Name of Installation's Legal Owner (Business Owner)

US ARMY TRANSITION FORCE

Street, P.O. Box, or Route Number

291 JIMMY PARKS BLVD.

City or Town

FORT MCCLLELLAN

State

ZIP Code

AL 36205-5000

Phone Number

256-848-6853

Extension

B. Change of Installation Owner Indicator

☐ Yes☐ No

Date of Change

C. Installation owner type (Mark one)

☐ Private☐ County☐ District☒ Federal☐ Indian☐ Municipal☐ State☐ Other

D. Name of Property's Legal Owner

US ARMY TRANSITION FORCE

Street, P.O. Box, or Route Number

291 JIMMY PARKS BLVD.

City or Town

FORT MCCLLELLAN

State

ZIP Code

AL 36205-5000

Phone Number

256-848-6853

Extension

E. Change of Property Owner Indicator

☐ Yes☐ No

Date of Change

F. Property owner type (Mark one)

☐ Private☐ County☐ District☒ Federal☐ Indian☐ Municipal☐ State☐ Other

MO 780-1164 (2-04) Previous edition is obsolete.

Use in lieu of EPA 8700-12

Continue on Reverse

Please print in ink or type with ELITE type (12 characters per inch) in the unshaded areas only.

Form Approved, OMB No. 2050-0028 Expires 12-31-02
GAS No. 0248-EPA-01

VII. Type of Regulated Waste Activity (only mark the following sections that apply)

A. HAZARDOUS WASTE ACTIVITIES

1. Generator of Hazardous Waste (quantity generated per month or accumulated at any one time) (Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000kg (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000kg/mo (220-2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site). Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site). Note: A hazardous waste permit may be required for this activity.
- ☐ 5. Exempt boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-Site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. UNIVERSAL WASTE ACTIVITIES

1. Large Quantity Handler of Universal Waste (accumulate 5,000kg or more) (refer to your State regulations to determine what is regulated). Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

- | | GENERATE | ACCUMULATE |
|----------------|--------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input type="checkbox"/> |

☐ 2. Destination Facility for Universal Waste. Note: A hazardous waste permit may be required for this activity.

C. USED OIL ACTIVITIES (MARK ALL BOXES THAT APPLY)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

VIII. Description of Regulated Waste Activity (Use Additional Sheets if Necessary)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). For waste codes (see 40 CFR 261.20 - 261.24 or 40 CFR 261.31 - 261.33) or contact DNR's Outreach and Assistance Center for a copy of waste code list at 1-800-361-4827.

b. Waste Code for State-Regulated (i.e., non-Federal) Hazardous Waste. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use additional page if more spaces are needed for waste codes.

IX. North American Industry Classification System (NAICS) Code(s)

Website at <http://www.census.gov/epcd/naicscod.txt> for NAICS code list.

A.	B.	C.	D.
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DESCRIBE BUSINESS ACTIVITY

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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE (ORIGINAL INK REQUIRED)

Darryl A. Stabile

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

DARRYL A. STABILE, CIVIL ENGR,
CORPS OF ENGINEERS SIGNING

DATE SIGNED

09/29/04

MO 780-1184 (2-04) Previous edition is obsolete.

Use in lieu of EPA FORM 8700-12

ON BEHALF OF US ARMY
TRANSITION FORCE, FT. MCLELLAN, AL

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

IN CASE OF RELEASE CONTACT
U.S. COAST GUARD AND MDNR

U.S. COAST GUARD
1-800-424-8802

DEPT. OF NATURAL
RESOURCES
573-634-2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. AL4210020562	Manifest Document No. 000001	2. Page 1 of 1	Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address U. S. Army Garrison Transition Force 291 Jimmy Parks Blvd. Fort McClellan, AL 36205 4. Generator's Phone (256) 847-3499				A. Missouri Manifest Document Number CESQG 0001		
5. Transporter 1 Company Name Bed Rock Inc. DBA Tri State				6. US EPA ID Number MOD095038998		
7. Transporter 2 Company Name				8. US EPA ID Number		
9. Designated Facility Name and Site Address EBV Explosives Environmental Co. 3078 County Road 180, P.O. Box 1386 Joplin, MO 64801				10. US EPA ID Number MOD985798164		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))				12. Containers Number Type	13. Total Quantity	
a. Waste, Contaminated solvents, 6.1, UN1702, PG11, RQ10, ERG151				424	P	
b. Waste, Chloropicrin, 6.1, UN1580, ERG151				10	P	
c. Non Hazardous Waste, Non Regulated				10	P	
d. Non Hazardous Waste, Non Regulated				015CW	P	
J. Additional Descriptions for Materials Listed Above				K. HANDLING CODE (FACILITY USE ONLY)		
a. Profile 1302-79023				INTERIM FINAL COMMENTS		
b. Profile 1302-7903				T 0 3		
c. Profile 1302-7901				T 0 3		
d. Profile 1302-4501				T 0 3		
15. Special Handling Instructions and Additional Information Emergency Response Number 800-424-9300 (Chemtrec)						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.						
Printed/Typed Name DARRYL A. STABILE, COE				Signature [Signature]		
17. Transporter 1 Acknowledgement of Receipt of Materials				Date 1 9 06 04		
Printed/Typed Name Duke J. Kirkman				Signature [Signature]		
18. Transporter 2 Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name				Signature		
19. Discrepancy Indication Space						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		
Date				Month Day Year		

GENERATOR COPY - PART 6

IMPORTANT

SEE INSTRUCTIONS SHOULD PART 1 & 2 FAIL TO RETURN WITHIN 35 DAYS.

must be legibly filled in, in Ink, in Indelible Pencil, or in
Carbon, and retained by the Agent

(Carrier) Tri State Motor Transit

SCAC.

Carrier's No.

Received, subject to the classifications and tariffs in effect on the date of this Bill of Lading:

at _____, date _____ from Fort McClellan

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained (as specified in Appendix B to Part 1035) which are hereby agreed to by the shipper and accepted for himself and his assigns.

TO: (Mail or street address of consignee for purposes of notification only.)

FROM:

Consignee ERV-EEC

Shipper U.S. Army Garrison Transition Force

Street 3078 County Road 180

c/o Shaw E&I

Street 291 Jimmy Parks Blvd.

Destination Joplin, MO Zip 64801

Origin Fort McClellan, AL Zip 36205-5000

Route:

Delivering Carrier

Trailer Initial/Number

U.S. DOT Hazmat Reg. Number

Remit C.O.D. to:

Address:

City: _____ State: _____ Zip: _____

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".
Note. - where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby
specifically stated by the shipper to be not exceeding _____ per _____

This is to certify that the above-named materials are properly classified, described, packaged, marked and

labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SPECIAL INSTRUCTIONS:

SHIPPER:

PER: _____ DATE: _____

COD

AMT:

\$

Charges Advanced

\$

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

C. O. D. FEE:Prepaid ☐Collect ☐ \$**FREIGHT CHARGES**☐ Prepaid ☐ Collect

☒ YES ☐ NO - FURNISHED BY CARRIER
DRIVER'S SIGNATURE:

CARRIER: Tristate Motor Transit Co

PER: John D. Kivim DATE: 10/6/04

EMERGENCY RESPONSE

TELEPHONE NUMBER: (770) 853-9319 Jorge Sanchez

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (\$172,604).

29-BLS-C3 (Rev. 6/95)

 Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.



EBV Explosives Environmental Company
EPA I.D. # MOD985798164

P.O. Box 1386
Joplin, MO 64802
(417) 624-0212
(417) 782-6366 (fax)

CERTIFICATE OF DISPOSAL

On behalf of U. S. Army Garrison, the material listed on Invoice No.
900012-0001, received from Fort McClellan, AL, has been treated by
incineration and disposed of on February 26, 2004.

Signed: _____

A handwritten signature in black ink, appearing to read "Samuel J. Smith", written over a horizontal line.

Date: FEB 26 2004



Ship From: U. S. Army Garrison
291 Jimmy Parks Blvd
Fort McClellan AL 57226-5407

Ship To: EBV Explosives Environmental
3078 County Road 180
Joplin MO 64801

Sold To: Shaw Environmental Inc.
312 Directors Drive
Knoxville TN 37923

Remit To: EBV Environmental Co.
P.O. Box 1386
Joplin MO 64802

Attention:

Attention: Pat Rickman

Customer Order Number	Invoice Date 26-Feb-04	Page of 1 1	Invoice Number 900012-0001
Freight Terms	Payment Terms Net 30 Days		
Description	Net Quantity	Unit Price	Net Amount
Environmental Disposal Contaminated Metal 1302-4501	16018 Lbs.		

Invoice Total:

Payment for Shipment Arriving EBVEEC 2/26/04

IF YOU HAVE ANY QUESTIONS ABOUT THIS INVOICE, PLEASE CALL 417-624-0212, Ext. 409

This document is subject to the Terms and Conditions of the Waste
Material Treatment and Disposal Agreement between the parties



EBV Explosives Environmental Company
EPA I.D. # MOD985798164

P.O. Box 1386
Juplin, MO 64802
(417) 624-0212
(417) 783-6366 (Fax)

CERTIFICATE OF DISPOSAL

On behalf of U. S. Army Garrison, the material listed on Invoice No:
900012-0002, received from Fort McClellan, AL, has been treated by
incineration and disposed of on November 15, 2004.

Signed:

A handwritten signature in black ink, appearing to read "Samuel J. Galt". The signature is written over a horizontal line.

Date:

11/16/04



Ship From: U. S. Army Garrison
291 Jimmy Parks Blvd
Ft. Mc Clellan AL 57226-5407

Ship To: EBV Explosives Environmental
3078 County Road 180
Joplin MO 64801

Sold To: Shaw Environmental Inc.
312 Directors Drive
Knoxville TN 37923

Remit To: EBV Environmental Co.
P.O. Box 1386
Joplin MO 64802

Attention:

Attention: Pat Rickman

Customer Order Number 43299		Invoice Date 07-Oct-04	Page of 1 1	Invoice Number 900012-0002
Freight Terms FOB Joplin		Payment Terms Net 30 Days		
Description		Net Quantity	Unit Price	Net Amount
Environmental Disposal 00002	Contaminated Solvents 1302-7902	1 LT	\$500.00	\$500.00
Environmental Disposal 00002	Tear Producing Chemicals 1302-7903	1 Lt	\$500.00	\$500.00
Environmental Disposal 00002	Contaminated Diesel 1302-7901	1 Lt	\$500.00	\$500.00
Environmental Disposal 00002	Contaminated Metal 1302-4501	7032 Lbs	\$0.75	\$5,274.00

Invoice Total: \$6,774.00

Payment for Shipment Arriving EBVEEC 10/7/04

IF YOU HAVE ANY QUESTIONS ABOUT THIS INVOICE, PLEASE CALL 417-624-0212, Ext. 409

This document is subject to the Terms and Conditions of the Waste
Material Treatment and Disposal Agreement between the parties